acs CLINICAL CONGRESS news

CHICAGO, ILLINOIS 355 62ND ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS WEDNESDAY, OCTOBER 13, 1976

SAWNIE R. GASTON, MD, FACS, New York City, has been honored by the National Safety Council as the recipient of the 1976 Surgeons' Award for Distinguished Service to Safety. Presenting the award to Dr. Gaston is Vincent L. Tofany (left in insert photo), president of the NSC. The plaque cites Dr. Gaston's outstanding career in trauma and distinguished leadership of the American Association for the Surgery of Trauma, as a member of the Committee on Trauma of the American College of Surgeons, and as editorial consultant to the Journal of Trauma. The presentation was made at the annual dinner of the ACS Committee on Trauma Monday evening. Dr. Alexander C. Hering, ACS Assistant Director (Trauma), and Mrs. Hering were among those at the head table.

FIRST ON THE AGENDA for many registrants is a visit to the technical and scientific exhibits where more than 250 companies are displaying the latest in wares for the surgical and medical profession. The scientific exhibits this year number 125. The exhibits are in Maxwell Hall of McCormick Place and will be open through Thursday from 8:30 am to 4:30 pm.

ACS PRESIDENT H. WILLIAM SCOTT, JR., left, officially opens the 62nd Clinical Congress and welcomes Mark M. Ravitch, MD, FACS, who presented a dissertation on the life and work of Sir Astley Paston Cooper.

Scudder lecturer proposes trauma training guidelines

Although training for the care of injuries in residency training programs is generally satisfactory today, a leading authority in trauma said Monday that there can be little grounds for complacency until we have assessed our present standards and satisfied ourselves that these are up to date and effectively applied.

In delivering the 14th annual Scudder Oration on Trauma, Fraser N. Gurd, MD, FRCS(C), FACS, went on to propose guidelines for training in trauma, using as an example the recently published Optimal Hospital Resources for the Care of the Seriously Injured (Bulletin, ACS, Oct. 1976), and the establishment of a permanent fact-finding and advisory committee.

Referring to Optimal Resources, Dr. Gurd said, "This crucial step having been taken, a logical extension of this new initiative would be to make sure that all the essential staff are optimally trained . . . let us now turn our attention to mechanisms governing such training".

He went on to explain that while training programs are a composite of hospital services which taken together can provide a full training in the specialty, training in trauma tends to follow a line of least resistance.

"The enrichment normally provided to the residency training process by national associations is less available to training in the field of trauma", Dr. Gurd said, adding that there is no board or other specialty authority to provide specific guidance to program directors.

After presenting a brief account of the national graduate education systems of Canada, the U.S., and Britain, Dr. Gurd went on to outline what he defined as "a useful starting point to promote a greater emphasis on training in trauma".

" . . . A study to explore the feasibility of a permanent committee to provide a point of focus for all residency training with a significant trauma component would be a useful starting point", Dr. Gurd said. "Such a committee would be composed to represent selected specialties appointed by their boards and national associations".

He went on to explain that such a committee should probably be constituted as a fact-finding and advisory body rather than an extra bureaucratic level.

"It should not be a new board", he said, "and it should not disrupt the present pattern of responsibility for graduate education.

"Rather it would work with boards and residency review committees to improve training in all aspects of trauma, including the research component", he said.

Dr. Gurd said that one of the higher priority questions to be settled would be whether there is any fundamental fault in current training patterns whereby trauma is divided up between the specialties according to their usual parameters, based on systems and on anatomical areas.

"I would anticipate that current patterns would be reaffirmed as the best basic arrangement as long as they continue to reflect realities of practice on this continent", he said.

Dr. Gurd also said that the proposed committee would perform a needed service as a forum for discussion of the goals of trauma training within the programs of the specialties concerned.

"For too long", Dr. Gurd concluded, "we have been content to expound minimum standards in our documents and guidelines for specialty training programs.

"Unfortunately, it is human nature for a minimum standard to become gradually accepted as the optimum. Why not adopt a scale of trauma training programs based on optimal resources?"

Nobel prize winner to deliver this year's I. S. Ravdin lecture

James Watson, PhD, Cold Spring Harbor, New York, will deliver the I.S. Ravdin Lecture in the Basic Sciences beginning at 1:30 pm Wednesday in the Arie Crown Theater of McCormick Place. The title of the lecture is "The Induction of Cancer by DNA Containing Virus".

Professor Watson is director of the Cold Spring Harbor Laboratory in Cold Spring Harbor, Long Island, New York.

DR. WATSON

He received his BS degree in Zoology from the University of Chicago, and the PhD degree in Zoology from Indiana University.

Professor Watson won an international reputation in 1953 when he and Dr. Francis H.C. Crick presented a model for DNA from which much of the research in modern biology stems.

Along with Dr. Crick and Dr. Maurice H.P. Wilkins, Professor Watson shared the Nobel Prize for Medicine and Physiology in 1962. The three men were honored for their contribution to the understanding of the basic life process through their discovery of the molecular structure of deoxydibonucleic acid, the substance of heredity.

Mc'Place to airport bus service starts

Special bus service from McCormick Place directly to O'Hare Airport will begin today, October 13, and run through Friday.

On Wednesday buses will depart (all from the upper (42) level mall) every 30 minutes between 1:30 and 5:00 pm.

Thursday's schedule is also every 30 minutes, but starts at 1:30 am and ends at 4:30 pm.

On Friday the buses will leave McCormick Place at 10:50 am and 12:50, 2:50, 3:50, and 4:50 pm.

The one way fare is $3.15.

Look, not listen for your messages

As happens every year, messages begin to pile up . . . and up . . . and up until the more popular leters (S and M, for instance) become void of empty slots.

So please, on your way through McCormick Place, stop by the Information and Message Center (it's right by the taxi-loading stand) and look for your name.

There are too many for the persons working there to search the slots for you, so please don't call . . . look!

And while we're on the subject, exhibitors are asked to follow the same procedure: there just aren't enough people inside the booth to hand deliver messages.

Today on television

Color television will originate at Rush Presbyterian-St. Luke's Medical Center in Chicago and be telecast directly to the International Ballroom North of the Conrad Hilton Hotel. This morning's program begins with a **breast procedure** performed by Harry W. Southwick, MD, FACS, at 8:30. George D. Wilbanks, Jr. MD, FACS, will perform an **abdominal hysterectomy** at 10:30 am.

Today's third live telecast will be of a **sigmoid conduit procedure** performed by James E. Gotesman, MD, which will begin at 1:30 pm.

Caps and gowns

Initiate's caps and gowns, for the convocation ceremonies Thursday evening, can be picked up either today, Wednesday, between 8:00 am and 5:00 pm, or Thursday between 8:00 am and 3:30 pm, in the Astoria Room of the Conrad Hilton Hotel.

THE ACS
CLINICAL CONGRESS NEWS
Volume 27, Number 3
Published daily,
October 10 & 11—15, 1976

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SEVENTEEN MEDICAL STUDENTS are attending the Clinical Congress as part of a program sponsored by the ACS Committee on Surgical Education in Medical Schools. This is the fourth year that students have been selected by their schools to be guests at the Congress and to attend the scientific sessions. A breakfast meeting was held Monday and the students meet for lunch daily with a committee member to discuss their findings and impressions. Pictured (clockwise, from left): Peter Swift, Zella Small, Richard Cambria, Deborah J. Rigle, Harry Selker, Richard Lackman, John Zulliger, Richard Shapiro, Scott Conner, Charles Sorenson, Wilhelmina Korevaar, Alfred P. Hansen, Seymour I. Schwartz, MD, FACS, vice chairman of the committee and chairman of the medical students subcommittee, Raymond L. Sattler, and Ty Goletz. Not in photo are Steven Keller, Dennis Sargent, and Michael Treat.

Islets recovered up to 3 hours after death are useable

Experiments suggesting that living insulin-producing cells may be recovered from the pancreases of infants removed after the heart stops functioning were reported yesterday by researchers from the Departments of Surgery and Laboratory Medicine, University of Minnesota Medical School.

In animals, the insulin secreted by transplanted neonatal islets will cure diabetes and the prospect appears to be the same for humans if the rejection phenomenon is solved. In addition, successful transplantation will prevent or stabilize the eye and kidney damage that the animals develop as a result of their diabetes.

If pancreases could be removed from newborn cadavers after brain death and cessation of heart beat, a potentially larger number of donors would be available. In this study, Arthur J. Matas, MD, and associates determined whether the islets of newborn rate pancreases remained viable after cessation of heart beat.

The pancreases were removed from six-to-nine day old rats from one to five hours after death and transplanted to diabetic rats. Each animal received the equivalent of four to six newborn pancreases.

Islets recovered from pancreases removed one to three hours after cessation of heart beat cured diabetes in the recipient. Islets recovered from pancreases removed after longer periods did not cure the disease.

Program change

Gerald D. Buckberg, MD, FACS, will replace W. Gerald Austen, MD, FACS, because of Dr. Austen's illness, as moderator of the Surgical Forum session, Cardiac Surgery III, this afternoon beginning at 1:30.

Registration

As of five pm Tuesday, professional registration totaled 9,343; non-professional, 6,440.

ACS Commission on cancer publishes follow-up guidelines

The Patient With Cancer—Guidelines for Follow-up, a new publication from the Commission on Cancer of the American College of Surgeons, is now available free of charge in limited distribution.

The guidelines, which are published in loose-leaf format to incorporate revisions, were compiled by the Comission's Committee on Patient Care and Research, under the direction of committee chairman, Gerald P. Murphy, MD, FACS; funds for preparation and publication were provided by the American Cancer Society.

Initial distribution of the new publication will include directors of cancer programs approved by the College, Liaison Fellows/Associates of the ACS Commission on Cancer, and agencies involved in cancer control on the national, state, and local levels.

Inquiries regarding the guidelines should be addressed to: Andrew Mayer, MD, FACS; Assistant Director (Cancer); American College of Surgeons; 55 East Erie Street; Chicago, Illinois 60611.

MORE THAN 130 FELLOWS and other physicians met during the weekend preceding the Clinical Congress for the seventh annual course in scientific communication. Under the general heading "Successful Medical Exposition", the course offered plenary sessions, lectures, and workshops designed to help participants improve their writing skills. Addressing participants during a question-and-answer session are members of the course faculty and editors of surgical journals. They are (front row, from left) Dr. Jonathan E. Rhoads; Dr. Claude E. Welch; Dr. Robert Zeppa; Dr. Herbert E. Sloan, Jr.; Dr. Francis D. Moore; Dr. Lyman A. Brewer III; and Dr. Lois DeBakey, course director. In the back row are (l. to r.) Mr. Heinz R. Kuehn; Dr. Robert H. Moser; Selma DeBakey; and Dr. George N. Eaves. The course concluded on Sunday.

DR. FRANCIS D. MOORE (left) expounds on the secrets of elegant sentence construction during one of the eight workshops held each day.

Correlative clinic to present two cases

The Correlative Clinic, a Clinical Congress feature introduced at the 1972 Congress, will be presented this afternoon when the first of two, one-hour cases (Blunt Torso Trauma) starts at 1:30. Robert J. Freeark, MD, FACS, will moderate.

The second case (Carcinoma of the Cervical Esophagus) will follow and be moderated by David B. Skinner, MD, FACS.

The clinic is designed to demonstrate the importance of cooperation among the surgical specialties and between surgery and other medical disciplines. A 'team' from Loyola University Stritch School of Medicine, Maywood, will discuss Case 1, and a 'team' from The Pritzker School of Medicine, University of Chicago, Case II.

Fat embolism syndrome risk can be reduced, Forum researchers state

The risk of fat embolism syndrome that occurs in about ten percent of patients following fractures of the femur and tibia can be reduced by stabilizing the fractures as soon as possible in casts or in traction, providing oxygen through a mask if necessary, and avoiding anemia by transfusing blood early if necessary, according to a Surgical Forum paper presented Tuesday by John W. Shaffer, MD, of the Division of Thoracic and Orthopaedic Surgery, Duke Medical Center, Durham, North Carolina.

The fat embolism syndrome comprises difficult breathing, anemia, disorientation, fever, and a skin rash with dot-size hemorrhages. It occurs in about one out of ten fracture victims after they appear to be doing well for two or three days. When untreated, up to half of the patients may die of respiratory distress syndrome.

The cause is still poorly understood. Many investigators believe the cause of fat embolism syndrome results from the mechanical effects of fat in the lungs. Others have postulated the cause is adverse toxic biochemical effects of the fat related to its breakdown in the lungs.

"We studied the effects on the dog lung of an infusion of fat in low doses in the cerebral circulation", said Dr. Shaffer. "Previously we reported the distribution of radioactive fat throughout the dog's body following injection in the femoral vein. The majority of fat was retained in the lung while between 20 and 30 percent leaked through the lung circulation and was distributed throughout the rest of the body.

"In our present study we used just the amount that was found to be distributed in the systemic circulation from our previous experiments and infused that directly into the ascending aorta of the dogs to provide a cerebral fat embolism. In contrast to our previous experimental results where the lungs were heavily saturated with fat and without inflammatory changes, the lungs of the dogs that received the cerebral embolism directly through the ascending aorta in a similar dose showed a very small amount of fat in the lung but an increase in the amount of congestion, edema, and collapse of multiple air sacs", he said.

The changes that were seen in the lungs of the dogs that received a cerebral embolism were similar to changes seen in the respiratory distress syndrome. "It may well be that the problems encountered in the respiratory distress syndrome are in part related to the cerebral fat embolism", said the author.

Cryosurgery effective in treatment of scar tissue

A technique using a cold probe to remove scar tissue causing abnormal narrowing of the esophagus in children was reported yesterday in a Surgical Forum paper by investigators from the University of Florida College of Medicine, Gainesville.

A cryosurgery probe has been developed which can be passed through the smallest infant bronchoscope into the trachea to allow direct application of freezing to the tracheal strictures, said Bradley M. Rodgers, MD, Mark Rosenfeld, MD, and James L. Talbert, MD, FACS. The probe uses nitrous oxide as its coolant source and can reach temperatures of minus 80 degrees Centigrade within seconds of being activated.

Strictures arise in children following aggressive pulmonary support to help them survive severe breathing distress that may occur after birth. The insertion of an air tube into the trachea for long periods has enabled the physician to save the lives of many patients today who otherwise would have died from pulmonary disease. But the tubes have damaged tissues and caused scarring of tissue and abnormal narrowing.

"Patients suffering this particular complication often required repeated hospitalizations with multiple operative procedures", said Dr. Rodgers. "Some patients will require prolonged or even permanent tracheostomies. The cost in terms of direct hospital expense and suffering is staggering".

"Encouraged by early laboratory results, we have applied the cryosurgical technique in treating strictures in four pediatric patients", said Dr. Rodgers. "Resection of the lesions has proven quite easy with this technique and the results have been quite gratifying over a short follow-up period.

Reefing procedure corrects esophagus inflammation: Sifers

A technically simple "reefing procedure" for correcting inflammation in the esophagus due to back flow of stomach acid is being presented by Earl C. Sifers, MD, FACS, in a scientific exhibit *(S-10)* which opened Monday, October 11, in Don Maxwell Hall, McCormick Place.

The inflammation is usually found in association with and was previously thought to be due to a hernia in the diaphragm. The hernia permits a small portion of the stomach to slide up into the chest cavity through the opening in the diaphragm through which the esophagus passes.

In these cases, acid juices from the stomach may regurgitate into the esophagus, producing marked irritation and inflammation. Difficulty in swallowing and burning and indigestion may result.

In recent years, attention has been centered on a poorly-functioning valve in the lower esophagus rather than the sliding hernia as a cause of abnormal gastric reflux. This "relaxed" valve is believed to result in abnormally lowered sphincter pressures. Gastrin is believed to regulate esophageal sphincter pressure. Serum gastrin levels in patients with reflux and heart burn were found to be significantly below normal. These data support the concept that reflux is caused by a biochemical imbalance which prevents normal valve function rather than the sliding hernia.

Although several other effective operations have been available for control of reflux, they require tedious dissections as well as repair of the hernia, Dr. Sifers said.

MEMBERS of the Executive Committee of the ACS Commission on Cancer take time for a 'formal sitting' during the commission's annual meeting Sunday. Seated (l. to r.) are: Loren J. Humphrey, chairman, Committee on Education; Edward F. Scanlon, vice chairman, Commission on Cancer; Harvey W. Baker, chairman, Commission on Cancer; and Billie L. Aronoff, chairman, Committee on Field Liaison. Standing (from left): Gerald P. Murphey, chairman, Committee on Patient Care and Research, and Walter Lawrence, Jr., chairman, Approvals Committee. (See 'Cancer Guidelines' story, page 2.)

Prostaglandin E_2 may be aid in treatment of gastric disorder

A substance found in human stomach juice and present in large amounts within the lining of the stomach wall may be of benefit in the treatment of a variety of gastric disorders, especially stomach ulcer, according to a report presented Monday in a Surgical Forum paper by investigators from the Department of Surgery, University of British Columbia, Vancouver.

Max M. Cohen, MB, and Janet M. Pollett, BA, determined in ten healthy young adult male volunteers that the substance, prostaglandin E_2, protected against injury to the stomach wall by two pain relievers, aspirin and indomethacin.

Measurement of an electrical potential difference across the stomach lining was used as an indicator of mucosal injury. This was recorded using a voltmeter connecting two electrodes, one placed within the stomach and the other in an arm vein.

The result obtained showed a highly significant fall in the potential difference, indicating injury to the lining, when aspirin or indomethacin were placed in the stomach. When prostaglandin was added to either the aspirin or indomethacin solution, the drop in potential difference was completely prevented. Furthermore, when prostaglandin was placed alone within the stomach, the potential difference rose. This suggested that prostaglandin normally present in the human stomach is in some way responsible, at least in part, for maintaining the integrity of the stomach lining.

"Our data add further support to the suggestion that prostaglandin E_2 may be of benefit in the treatment of a variety of gastric disorders, and especially gastric ulcer," said Dr. Cohen.

He suggested that a study of prostaglandins be carried out to ascertain the treatment value of bleeding from stomach inflammation caused by aspirin.

HAPPY to make your acquaintance may have been the words of greeting this couple exchanged during the reception for international guests Monday evening.

GUAN BEE ONG (center) introduces his wife to Allan D. McKenzie, Vice Chairman of the ACS Board of Regents, at the reception for international guests Monday evening. Professor Ong, from Hong Kong, wears three College hats—Fellow, Honorary Fellow, and member of the Board of Governors. Behind them, ACS President H. William Scott, Jr. and his wife greet other guests.

PROFESSOR AND MRS. PHILIP SANDBLOM were among the guests at the international reception Monday evening at the Conrad Hilton. Mrs. C. Rollins Hanlon, right, whose husband is director of the College, greets the Sandbloms, who came from Lausanne, Switzerland. Professor Sandblom is an Honorary Fellow of the College.

Excellent survival prognosis for breast cancer, provided other breast unaffected

Chances for long survival if breast cancer is diagnosed and treated are excellent, provided cancer does not develop in the opposite breast, according to a report presented yesterday by investigators from M.D. Anderson Hospital and Tumor Institute, Houston.

The prognosis of patients with minimal breast cancer was investigated by reviewing the records of 176 patients treated between 1955 and 1975. Median age of the group was 49 years. Various methods of treatment were used, including radical mastectomy, modified radical, and simple mastectomy, with or without radiation therapy.

In the followup of one to 21 years, 58 of the patients had either previous, simultaneous, or subsequent cancer in the second breast.

For the entire group of 176 patients, actuarial analysis projected a 20-year survival of 93.2 percent. If patients who had cancer in the opposite breast were excluded, predicted actuarial survival for the group increased to 95.9 percent.

"The data suggest that minimal breast cancer is a prognostically favorable diagnosis, provided invasive carcinoma is not present or does not develop in the opposite breast", said Thomas G. Frazier, MD.

The figures indicate that breast cancer is potentially a bilateral disease and that followup and treatment of the opposite breast must be of major concern in the care of these patients, he added.

WHAT PRICE ASEPSIS? is the question confronting the panelists involved in the Operating Room Environment Panel Discussion on Monday. From left are Basil A. Pruitt, Jr., MD, FACS, COL, MC USA; Arnold G. Diethelm, MD, FACS; John M. Beal, MD, FACS; Moderator P. A. Peter Dineen, MD, FACS; and Hiram C. Polk, Jr., MD, FACS, at the podium.

ACS/Clinitapes features new catalog of available cassettes

A new, 40-page master reference catalog of accredited postgraduate courses and other presentations recorded by ACS/Clinitapes since 1972 and including the current Clinical Congress is available in the registration area or in Technical Exhibit Booth No. 545 in Don Maxwell Hall.

An order blank is included within the catalog.

The available material has been categorized into the surgical specialties and such related areas as cancer, international relations, surgical education, and major lectures.

During production of the actual cassettes no pertinent information is edited or removed; what is on the tape is the actual session as it happened.

A formal syllabus is provided with each postgraduate course where a syllabus was part of the original course presentation. The postgraduate course materials, when used as directed, meet the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association. The other presentations may be used toward Category 5 credit.

Tapes of material presented during this Congress will be available for shipping approximately ten weeks after the Congress.

Meeting reminders

NOTICE: a number of medical school alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in McCormick Place. If your group is not listed below, please check that area.

Society of **Air Force** Clinical Surgeons
7:00—10:00 pm
Cocktail party
Blackstone, Embassy Room

University of **Alabama** School of Medicine Alumni Assn.
6:00—7:00 pm
Cocktail party
Conrad Hilton, Parlor 415

Akron City Hospital Alumni
6:00—8:00 pm
Cocktail party
Whitehall, Windsor & Foyer Rooms

American University of **Beirut** Surgical Alumni Group
6:00—9:00 pm
Cocktail party
Conrad Hilton, Parlor 414

Bowman Gray School of Medicine and North Carolina Baptist Medical Center
5:30—7:30 pm
Cocktail party
Pick-Congress, Buckingham Room

National **Burn** Information Exchange
8:30—10:00 pm
Meeting
Conrad Hilton, Room 522

Central Surgical Assn.
Membership Advisory Committee
12 noon—3:00 pm
Luncheon
Conrad Hilton, Room 523

University of **Chicago** Medical Alumni Assn.
5:30—7:00 pm
Cocktail party
Blackstone, French Room

Columbia P & S and Presbyterian Hospital Alumni
6:00—8:00 pm
Cocktail party
Pick-Congress, Florentine Room

Denton A. **Cooley** Cardiovascular Surgical Society
6:30—8:30 pm
Reunion for members & guests
Conrad Hilton, Williford A

Dartmouth Medical School Affiliated Hospitals
6:00—8:00 pm
Reception
Conrad Hilton, Parlor 419

Clarence **Dennis** Society
5:15—7:00 pm
Reception & Dinner
Sheraton Blackstone, Envoy Room

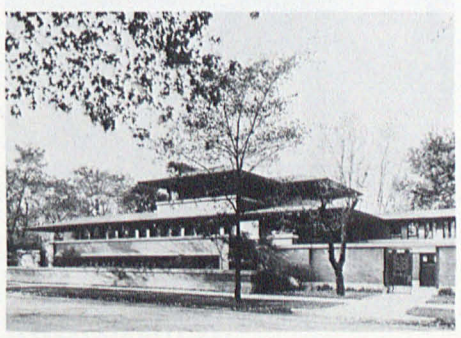
Albert **Einstein** College of Medicine Surgical Service
6:30—7:30 pm
Cocktails
7:30 pm
Dinner
Blackhawk Restaurant
139 N. Wabash
(For inquiries: Dr. J. Greineider, Conrad Hilton, 1662)

Fifth (Harvard) Surgical Service Alumni Assn.
6:00 pm—on
Meeting
Museum of Contemporary Art
(273 East Ontario Street)

Fourth Auxiliary Surgical Group
7:00—10:00 pm
Reception/Dinner
Blackstone, Chicago Room

Alumni Assn. of **Hahnemann** Medical College
5:00—8:00
Reception for alumni, faculty, and spouses
Conrad Hilton, Room 412

Henry N. **Harkins** Surgical Society
6:00—8:00 pm
Cocktail party for all surgeons, surgical residents, and former surgical residents from State of Washington
Conrad Hilton, PDR #3



Friends of **Hartford** Hospital
6:30—8:30 pm
Reception
Palmer House, PDR #9

University of **Iowa** Surgical Alumni
6:00—8:00 pm
Cocktail party
Blackstone, Regency Room

Society of Graduate Surgeons of **LAC/USC** Medical Center
6:00—8:00 pm
Cocktail party
Conrad Hilton, PDR #2

Lenox Hill Hospital
12:30 pm—on
Luncheon
Chicago Yacht Club,
(East Monroe and the lake)

Marquette—MCW Medical Alumni Assn.
6:00—8:00 pm
Cocktail party
Conrad Hilton, Beverly Room

Karl A. **Meyer** Surgical Society
6:00—8:00 pm
Reception
Conrad Hilton, Room 413

University of **Missouri** Medical Alumni and friends
6:30—8:30 pm
Cocktail party
Blackstone, Ivy Room

U.S. **Navy** Surgeons
6:00—8:00 pm
Cocktail party
Conrad Hilton, Upper Summit

Nebraska Chapter, ACS—Musselman Surgical Society
5:30—8:00 pm
Reception
Blackstone, Presidential Room

New Jersey Chapter, ACS and Departments of Surgery, NJCMD, Newark and Rutgers
6:00—8:00 pm
Cocktail party for chapter members, surgical residents, and surgical alumni of NJCMD
Blackstone, Hubbard Room

North Carolina Baptist Medical Center
(See Bowman Gray School of Medicine)

Roswell Park Surgical Society
12 noon—3:00 pm
Luncheon/Meeting for surgical alumni and residents
Conrad Hilton, PDR #3

University of **Pennsylvania** Medical Alumni Society
6:00—8:00 pm
Cocktail party
Conrad Hilton, Lower Summit

Peruvian American Medical Society (PAMS)
8:00 pm
Dinner ($10 per person)
Piqueo Restaurant
5427 N. Clark St. (phone 769-0455 for reservations)

Puerto Rico Chapter, ACS
6:00—7:30 pm
Cocktail party for members and spouses
Blackstone, English Room

Charles B. **Puestow** Surgical Society
5:30—7:30 pm
Reception
Blackstone, Gold Room

Rush Medical College Alumni and former house staff
5:30—on
Cocktail party (cash bar)
Rush Presbyterian-St. Lukes Medical Center
Professional Building, Room 600
1725 West Harrison Street

Saginaw Cooperative Hospitals, Inc. Department of General Surgery
6:00—8:00 pm
Reception (by invitation)
Blackstone, Petite Room

Mt. Sinai (NY) Medical Center Surgical Alumni
6:30—9:30 pm
Cocktail party
Conrad Hilton, Williford B

University of **Utah** School of Medical Alumni
6:00—8:00 pm
Cocktail party
Pick-Congress, Plaza Room

University of **Vermont** Dept. of Surgery and Vermont Chapter, ACS
6:00—8:00 pm
Cocktail party for former students, house officers, and surgeons from State of Vermont
Conrad Hilton, Parlor 418

Wayne State University School of Medicine Alumni
6:30—8:00 pm
Cocktail party
Conrad Hilton, Williford C